

Commonwealth of Massachusetts
DIVISION OF LABOR RELATIONS
PETITION FOR MEDIATION AND FACT-FINDING IN PUBLIC EMPLOYMENT

PLEASE TYPE OR PRINT

1. Labor Organization: _____
Address: _____ Phone: _____
Zip Code: _____

Labor Relations Representative: _____ Title: _____
Address: _____ Phone: _____
Zip Code: _____

2. Employer: _____
Address: _____ Phone: _____
Zip Code: _____

Labor Relations Representative: _____ Title: _____
Address: _____ Phone: _____
Zip Code: _____

3. Description of Collective Bargaining Unit Involved: _____
Number of Employees in Unit: _____

4. Indicate: (a) Contract Expiration Date: _____
(b) Date Negotiations Commenced: _____
(c) Number of Negotiation Sessions to Date: _____
(d) Brief Statement of Issue(s) Over Which Impasse Exists: _____

If **Joint** Petition:

Signature & Title of Labor Organization's
Representative

Signature & Title of Employer's
Representative

If Petition Brought by **One Party**:

**"I hereby certify that I have caused a copy of
this petition to be served on the representative
of the other party."**

Signature & Title of Petitioning Party's
Representative

Date Signed

Instructions: Submit the original and one copy
of this petition and a copy of the Collective
Bargaining Agreement to:

**Division of Labor Relations
Charles F. Hurley Building
19 Staniford Street, 4th Floor
Boston, MA 02114
Telephone: (617) 626-6921
Fax Number: (617) 626-6933**

DO NOT WRITE IN THIS SPACE

Case No. _____

Date Filed _____

Mediator Assigned _____

Date Mediator Assigned _____

Updated 11/07/07